

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
9/492373
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	X	X				
3	X	X				
4						
5	X	X				
6						
7						
8						
9						
10						
11	X	X				
12	X	X				
13	X	X				
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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FEE CALCULATION SHEET
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FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1	X	X	X	X
4		1		1		1
5		1		1	X	X
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		1
10		1		1		1
11		1	X		X	
12		1				
13		1	X		X	
14		1				
15		1		1		1
16		1		1		1
17		1		1		1
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TOTAL						
IND.						
DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL						
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TOTAL CLAIMS						